

Foster Family Home - Corrective Action Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-8

94-1022 Kaloli Loop

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/4/2019

Foster Family Home

Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

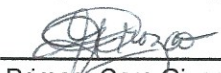
Comment:

Home visit for a 3 person CCFFH recertification review made on 1/04/2019.

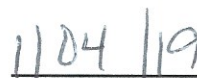
6.(d)(1) - Home in compliance with all requirements.



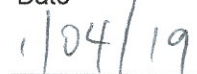
Compliance Manager



Primary Care Giver



Date



Date